



STATE BOARD OF CEMETERIANS
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440
www.sos.ga.gov/plb

Termination of Registration As A Preneed Salesperson
(This form must be filed with the Office of Secretary of State
within three business days of a change in any salesperson's employment.)

Part I - Employer

Name of Cemetery or Preneed Dealer	Registration Number		
Main Address (Number and Street)	City	State	Zip Code
Office of Employment Address (Number and Street)	City	State	Zip Code
Person to Contact Regarding This application	Phone Number		

Part II - Applicant

A.	Name (Last) (First) (Full Middle or Maiden Name - specify if none)	Preneed Sales Agent Registration Number: PA-
B.	Address (Number and Street) City State	Zip Code
C.	Date Terminated	
D.	Reason - Check One: <input type="checkbox"/> Voluntary <input type="checkbox"/> Deceased <input type="checkbox"/> Discharged	
E.	Did you have any reason to believe employee had violated any provision of the Georgia Cemetery and Funeral Services Act or otherwise had become subject to disqualification? If discharged, give brief explanation below: _____ _____ _____	

Part III

_____ (Signature and Title of Cemetery Official)	_____ (Date)
_____ (Signature of Salesperson Terminated)	_____ (Date)